Fecha: 31/01/2020
Hora: 11 am
Lugar:
Galpón de la Escuela
de Bioanálisis.
(Aula 6)
ENTRADA LIBRE

INVITACIÓN FORO DE INTERES

UNIVERSIDAD CENTRAL DE VENEZUELA
FACULTAD DE MEDICINA
ESCUELA DE BIOANALISIS
DEPARTAMENTO DE SALUD PUBLICA
CATEDRA DE EPIDEMIOLOGIA
ADMINISTRACIÓN SANITARIA

FORO:
"CORONAVIRUS: DÓNDE ESTAMOS Y HACIA DÓNDE VAMOS?"

PANELISTAS:
DR ALEJANDRO RISQUEZ
DR JULIO CASTRO

Sociedad Venezolana de Puericultura y Pediatría

HOSPITAL ORTOPÉDICO INFANTIL

La Sociedad Médica del Hospital Ortopédico Infantil invita a:

Hablemos sobre Coronavirus

Auditorio Hospital Ortopédico Infantil

VIERNES 31 ENERO
9 am

Coordinador

Huníades Urbina-Medina, MD, PhD.

Ponentes

Dr. Alejandro Rísquez

Dra. Marlinka Moya

ENTRADA LIBRE

INFORMACIÓN:
Sociedad Médica del Hospital Ortopédico Infantil

Somos la voz de la infancia venezolana

La epidemia de 2019-nCoV declarada por la OMS emergencia sanitaria de preocupación internacional (30 de enero de 2020)

Alejandro Rísquez Parra

Profesor Titular / Médico pediatra epidemiólogo
Jefe del Departamento Medicina Preventiva y Social
Escuela Luis Razetti, Facultad de Medicina, UCV
Comisión de Inmunizaciones SVPP 2015-2019
risqueza@gmail.com

AGENDA

1. Declaración de la epidemia OMS
2. Epidemia y su agente en el tiempo, espacio y persona
3. Cadena epidemiológica: Transmisión.
4. Medidas de control
5. Preparación de Venezuela

"This is the time for science, not rumors"

"Este es el tiempo de la ciencia, no de los rumores"

Director general Tedros Adhanom. OMS

Al salir de la reunión después de la declaración del coronavirus una emergencia de salud pública de preocupación internacional 30 de enero de 2020

World Health Organization

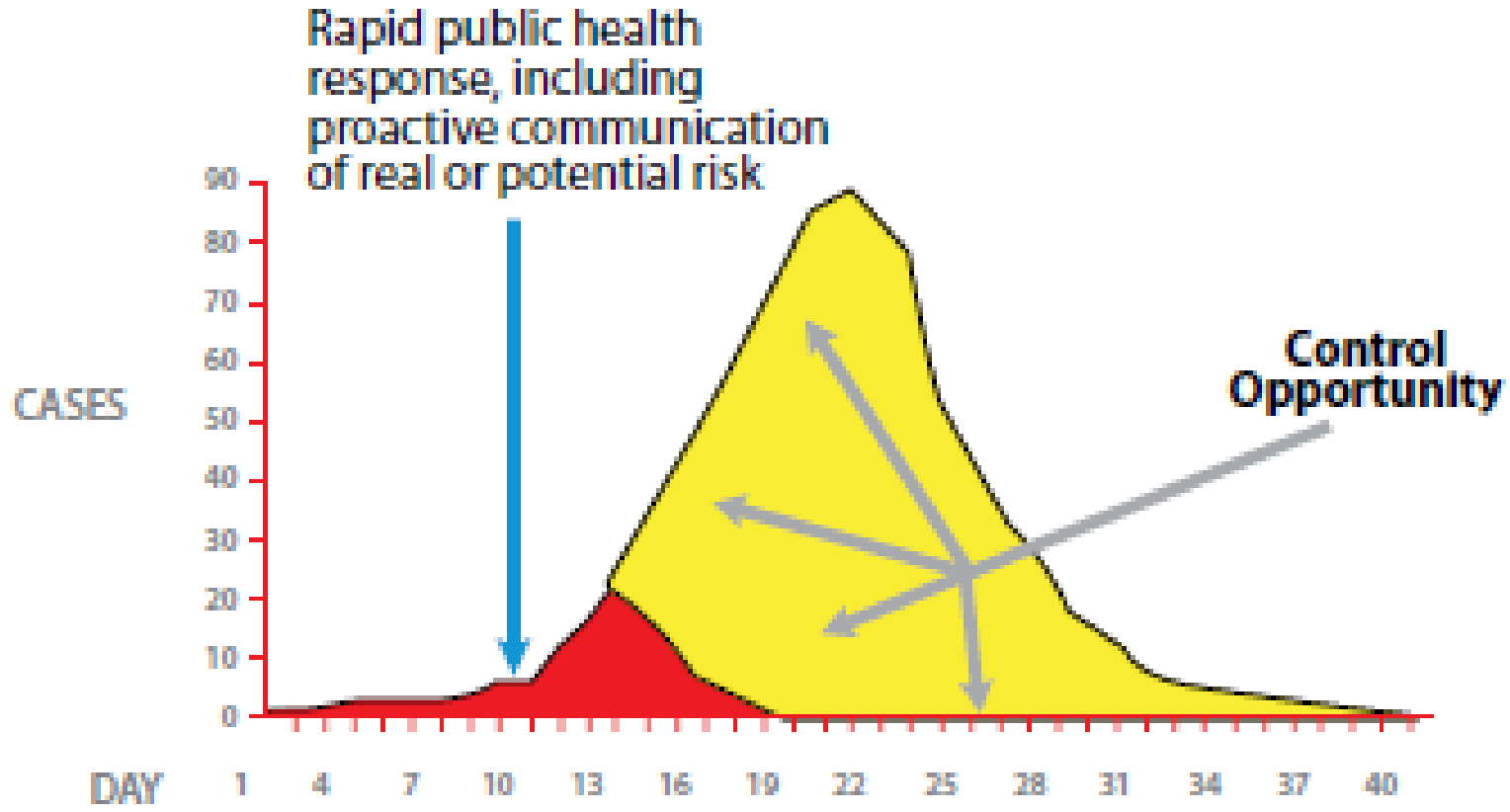
Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)
30 January 2020 Statement. Geneva, Switzerland

https://www.who.int/home

FIGURE 1

World Health Organization

Proactive Communication in Infection Control



Source: adapted from figure 2, page XII, World Health Report 2007

World Health Organization

Health Topics | Countries | Newsroom | Emergencies | About Us

Home / Activities / Prioritizing diseases for research and development in emergency contexts

PRIORIZACIÓN DE ENFERMEDADES PARA LA INVESTIGACIÓN Y DESARROLLO EN CONTEXTOS DE EMERGENCIAS DE SALUD PÚBLICA

For the purposes of the R&D Blueprint, WHO has developed a special tool for determining which diseases and pathogens to prioritize for research and development in public health emergency contexts.

- Crimean-Congo haemorrhagic fever (CCHF)
- Ebola virus disease and Marburg virus disease
- Lassa fever • Rift Valley fever (RVF) • Zika
- **Middle East respiratory syndrome coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS)**
- Nipah and henipaviral diseases

2018

En 2018, la OMS reviso, considero e incluyo a los coronavirus en la lista de enfermedades prioritarias.

Por su potencial de causar emergencias de salud pública de preocupación internacional (PHEIC) y la falta de drogas eficaces y vacunas, se consideran en necesidad de investigación y desarrollo acelerado.

SARS-CoV, MERS-CoV and now the 2019-novel CoV: have we investigated enough about Coronaviruses? – A bibliometric analysis Alfonso J. Rodriguez-Morales
https://doi.org/10.1016/j.tmaid.2020.101566

Zoonosis

A greater horseshoe bat, a relative of the Rhinolophus sinicus bat species from China that was the original host of the SARS virus. De Agostini/Getty

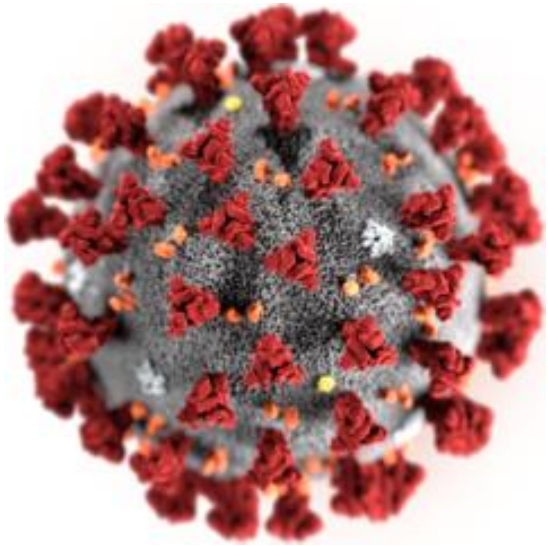
https://www.businessinsider.com/wuhan-coronavirus-sars-bats-animals-to-humans-2020-1

An Asian palm civet sits in a cage at the Kopi luwak farm and plantation in Ubud on the Indonesian island of Bali, November 20, 2018. Oleksandr Rupeta/NurPhoto/Getty

https://www.businessinsider.com/wuhan-coronavirus-sars-bats-animals-to-humans-2020-1

A chicken vendor sleeps on top of chicken cages at the Hau Wong road wet market in Kowloon City, China, in 2004. Dickson Lee/South China Morning Post/Getty

https://www.businessinsider.com/wuhan-coronavirus-sars-bats-animals-to-humans-2020-1



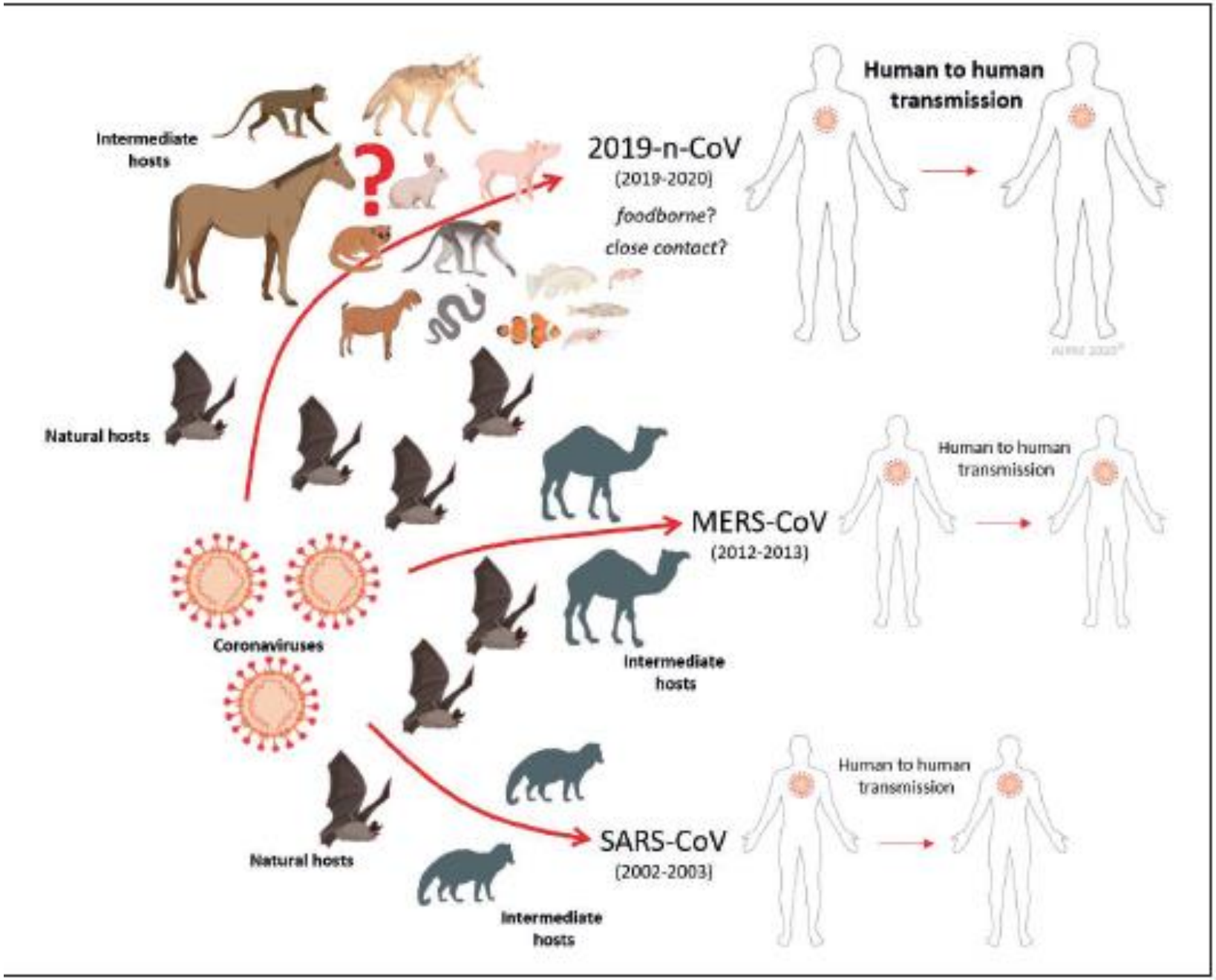
Los coronavirus son una gran familia de virus que pueden causar enfermedad respiratoria tanto en humanos como en animales. SARS

ARN monocatenario positivo.

La secuencia del betacoronavirus de Wuhan muestran semejanzas con los betacoronavirus encontrados en murciélagos, pero son genéticamente distintos de otros coronavirus como el SARS Co-V y el MERS-CoV.

Cinco genomas del nuevo coronavirus han sido aisladas y reportadas, incluyendo BetaCoV/Wuhan/IVDC-HB-01/2019, BetaCoV/Wuhan/IVDC-HB-04/2020, BetaCoV/Wuhan/IVDC-HB-05/2019, BetaCoV/Wuhan/WIV04/2019, y BetaCoV/Wuhan/IPBCAMS-WH-01/2019.

Figure 1 – Potential animal origins of human coronaviruses.

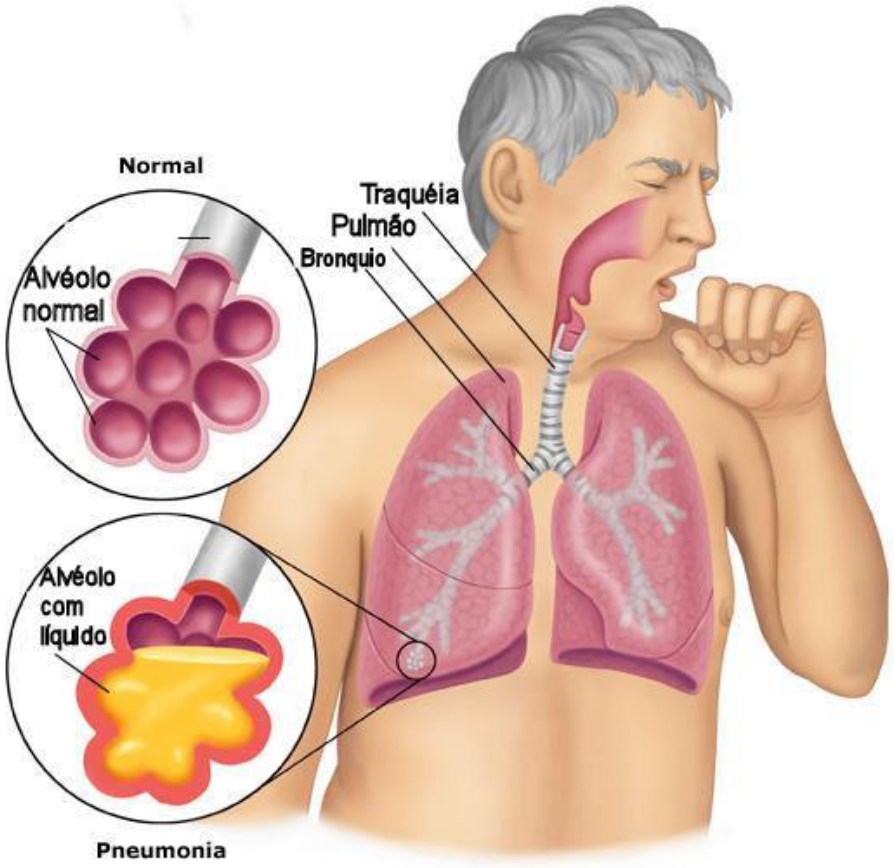


The case of 2019 novel Coronavirus*Le Infezioni in Medicina, n. 1, 3-5, 2020. A.J. Rodriguez-Morales, D.K. Bonilla-Aldana, G.J. Balbin-Ramon, et al.*

Inicio del brote de SARS en un mercado de mariscos de Wuhan.

Diciembre 2019

SINDROME AGUDO RESPIRATORIO GRAVE / NEUMONÍA GRAVE



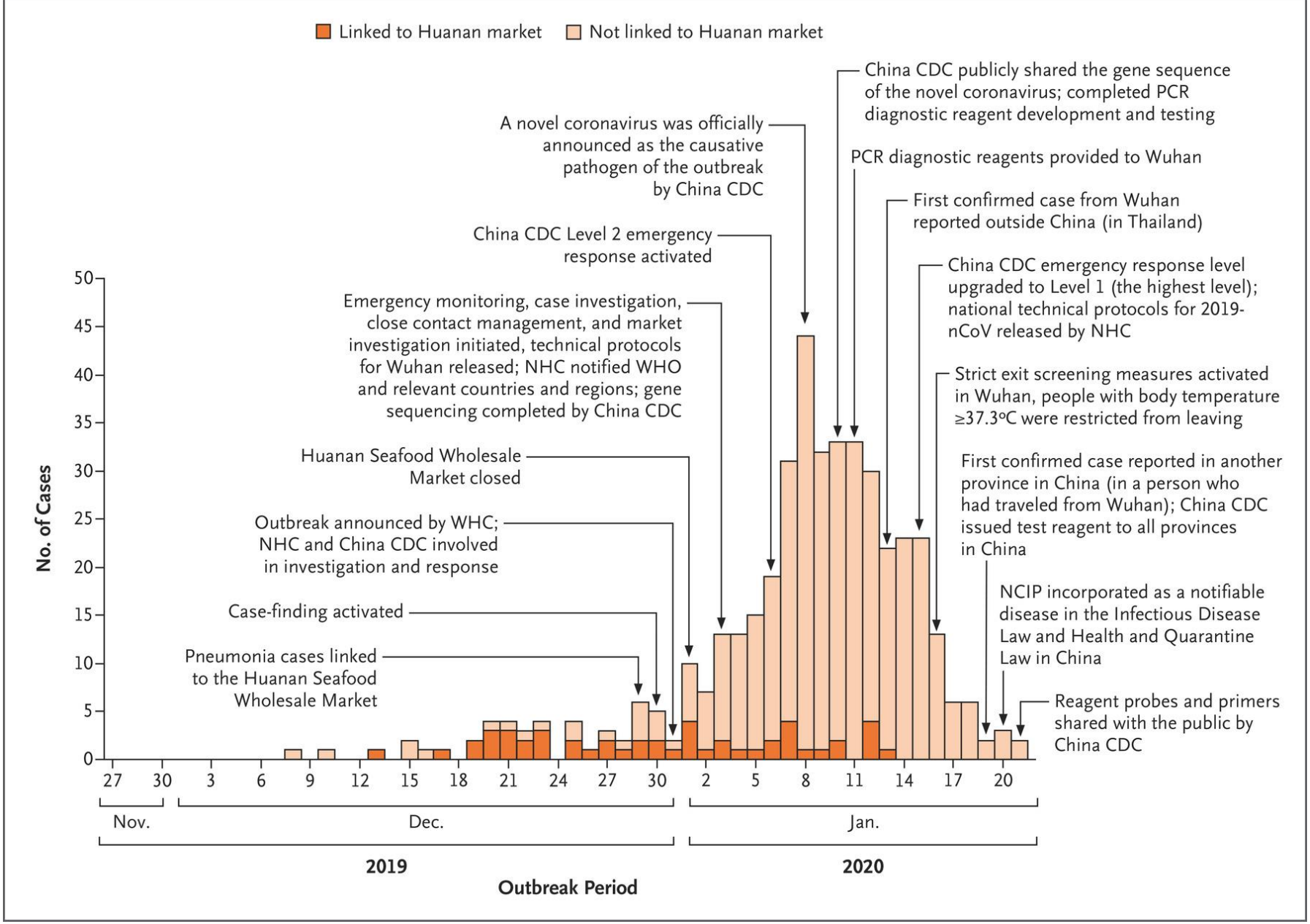
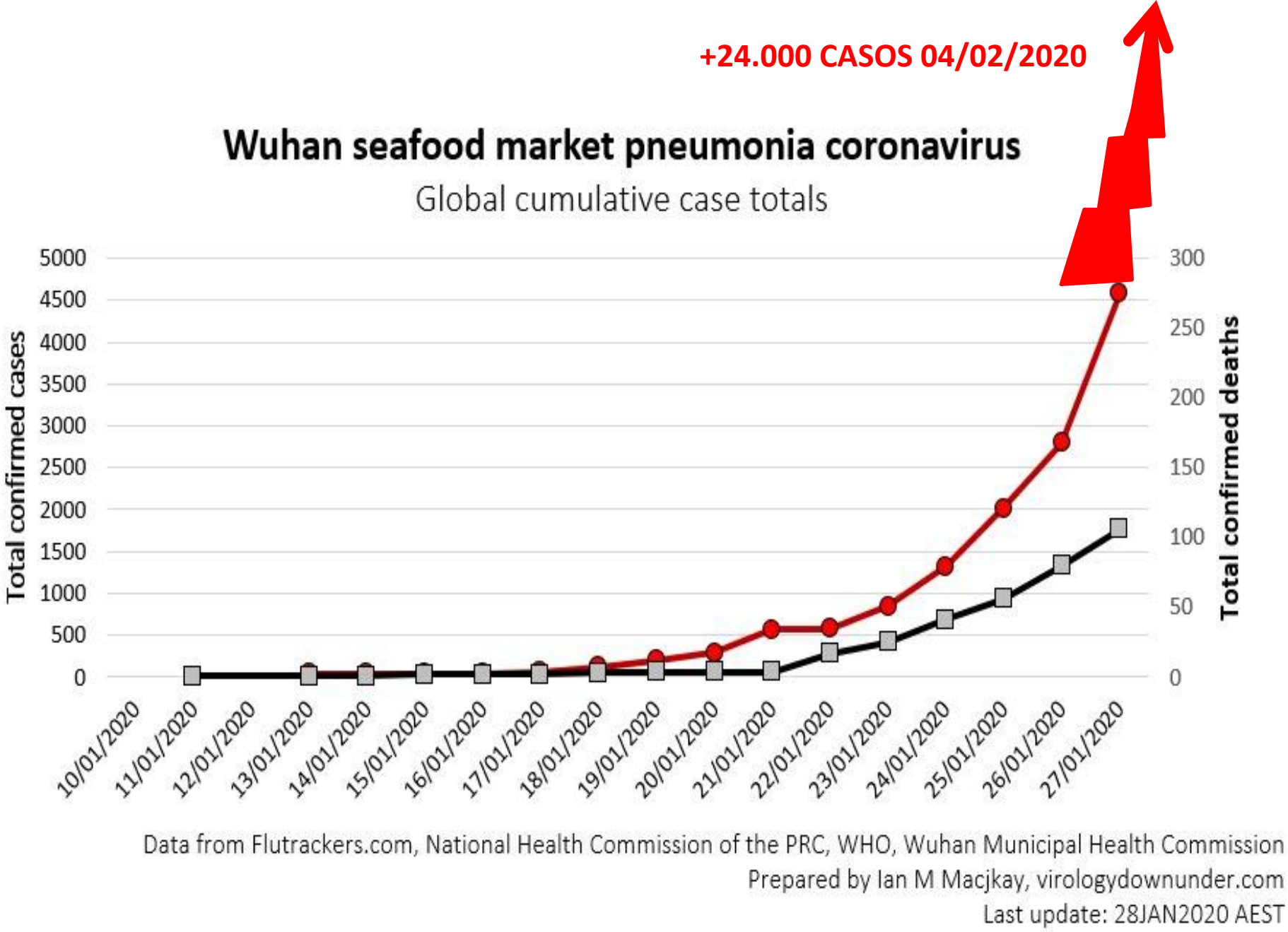


Figure 1. Onset of Illness among the First 425 Confirmed Cases of Novel Coronavirus (2019-nCoV)–Infected Pneumonia (NCIP) in Wuhan, China. The decline in incidence after January 8 is likely to be due to delays in diagnosis and laboratory confirmation. China CDC denotes Chinese Center for Disease Control and Prevention, NHC National Health Commission of the People's Republic of China, PCR polymerase chain reaction, WHC Wuhan Health Commission, and WHO World Health Organization.

+24.000 CASOS 04/02/2020



Data from Flutrackers.com, National Health Commission of the PRC, WHO, Wuhan Municipal Health Commission

Prepared by Ian M Macjkay, virologydownunder.com

Last update: 28JAN2020 AEST

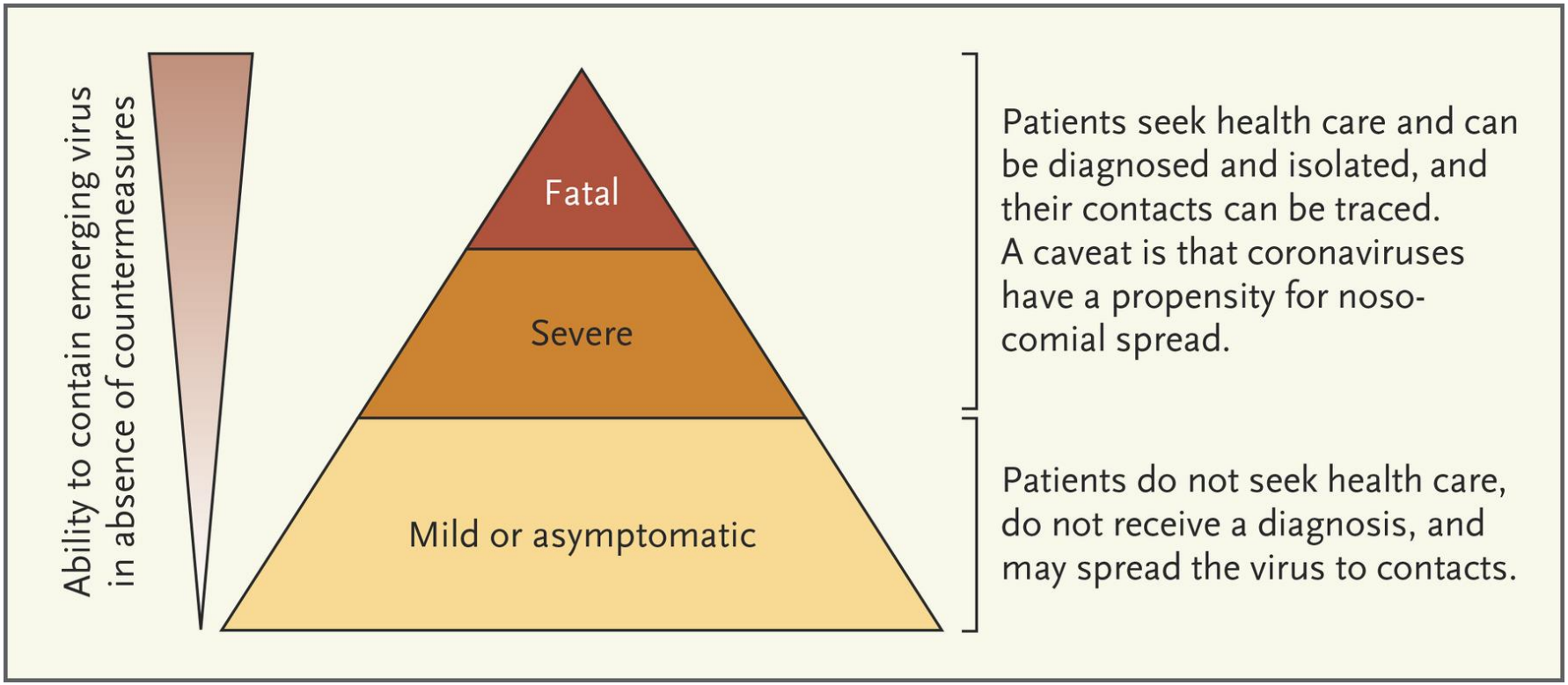


Figure 1. Surveillance Pyramid and Its Relation to Outbreak Containment. The proportion of mild and asymptomatic cases versus severe and fatal cases is currently unknown for 2019-nCoV — a knowledge gap that hampers realistic assessment of the virus's epidemic potential and complicates the outbreak response.

A Novel Coronavirus Emerging in China — Key Questions for Impact Assessment. Vincent J. Munster, Ph.D., Marion Koopmans, D.V.M., Neeltje van Doremalen, Ph.D., Debby van Riel, Ph.D., and Emmie de Wit, Ph.D. January 24, 2020. DOI: 10.1056/NEJMp2000929

INFECCIÓN			
INAPARENTE	APARENTE		
	MODERADA	GRAVE	FATAL
a	b	c	d

$$\text{Patogenicidad} = \frac{b + c + d}{a + b + c + d} = \frac{\text{casos de enfermedad aparente}}{\text{total de infectados}}$$

$$\text{Virulencia} = \frac{c + d}{b + c + d} = \frac{\text{casos graves y fatales}}{\text{total de casos aparentes}}$$

$$\text{Letalidad} = \frac{d}{b + c + d} = \frac{\text{casos fatales}}{\text{total de casos aparentes}}$$

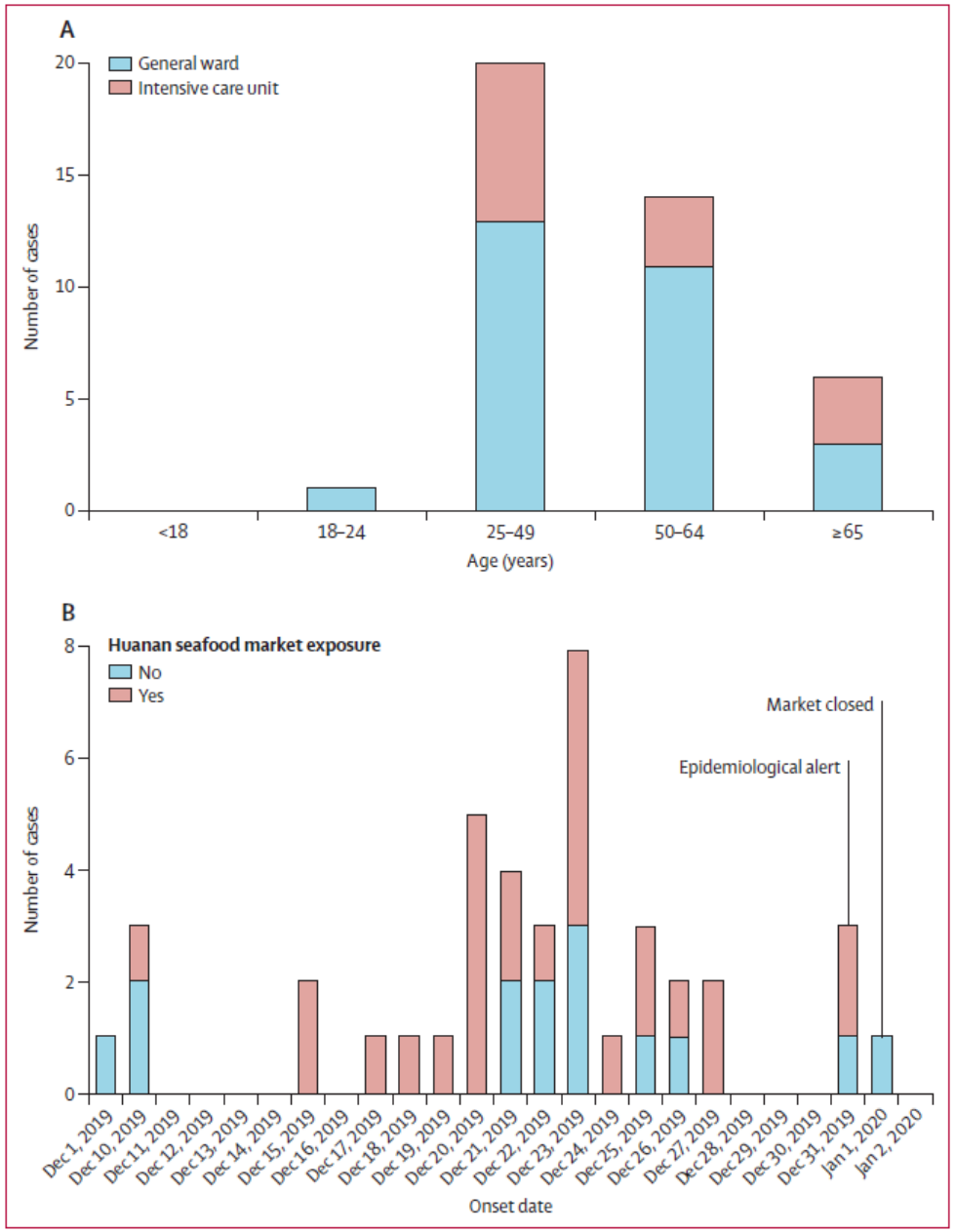


Figure 1: **Date of illness onset and age distribution of patients with laboratory-confirmed 2019-nCoV infection**

(A) Number of hospital admissions by age group. (B) Distribution by symptom onset date for laboratory-confirmed cases. The Wuhan local health authority issued an epidemiological alert on Dec 31, 2019, and closed the Huanan seafood market 2 days later.

SERIES DE CASOS EXPRESIÓN CLÍNICA

Pacientes adultos 25 a más de 65 a.

15-20% CASOS GRAVES REQUIEREN CUIDADOS INTENSIVOS

Expuestos al mercado de Huan en rojo

www.thelancet.com Published online January 24, 2020 https://doi.org/10.1016/S0140-6736(20)30183-5

	All patients (n=41)	ICU care (n=13)	No ICU care (n=28)	p value
Characteristics				
Age, years	49·0 (41·0–58·0)	49·0 (41·0–61·0)	49·0 (41·0–57·5)	0·60
Sex	..	..	..	0·24
Men	30 (73%)	11 (85%)	19 (68%)	..
Women	11 (27%)	2 (15%)	9 (32%)	..
Huanan seafood market exposure	27 (66%)	9 (69%)	18 (64%)	0·75
Current smoking	3 (7%)	0	3 (11%)	0·31
Any comorbidity	13 (32%)	5 (38%)	8 (29%)	0·53
Diabetes	8 (20%)	1 (8%)	7 (25%)	0·16
Hypertension	6 (15%)	2 (15%)	4 (14%)	0·93
Cardiovascular disease	6 (15%)	3 (23%)	3 (11%)	0·32
Chronic obstructive pulmonary disease	1 (2%)	1 (8%)	0	0·14
Malignancy	1 (2%)	0	1 (4%)	0·49
Chronic liver disease	1 (2%)	0	1 (4%)	0·68
Signs and symptoms				
Fever	40 (98%)	13 (100%)	27 (96%)	0·68
Highest temperature, °C	..	..	..	0·037
<37·3	1 (2%)	0	1 (4%)	..
37·3–38·0	8 (20%)	3 (23%)	5 (18%)	..
38·1–39·0	18 (44%)	7 (54%)	11 (39%)	..
>39·0	14 (34%)	3 (23%)	11 (39%)	..
Cough	31 (76%)	11 (85%)	20 (71%)	0·35
Myalgia or fatigue	18 (44%)	7 (54%)	11 (39%)	0·38
Sputum production	11/39 (28%)	5 (38%)	6/26 (23%)	0·32
Headache	3/38 (8%)	0	3/25 (12%)	0·10
Haemoptysis	2/39 (5%)	1 (8%)	1/26 (4%)	0·46
Diarrhoea	1/38 (3%)	0	1/25 (4%)	0·66
Dyspnoea	22/40 (55%)	12 (92%)	10/27 (37%)	0·0010
Days from illness onset to dyspnoea	8·0 (5·0–13·0)	8·0 (6·0–17·0)	6·5 (2·0–10·0)	0·22
Days from first admission to transfer	5·0 (1·0–8·0)	8·0 (5·0–14·0)	1·0 (1·0–6·5)	0·002
Systolic pressure, mm Hg	125·0 (119·0–135·0)	145·0 (123·0–167·0)	122·0 (118·5–129·5)	0·018
Respiratory rate >24 breaths per min	12 (29%)	8 (62%)	4 (14%)	0·0023

Data are median (IQR), n (%), or n/N (%), where N is the total number of patients with available data. p values comparing ICU care and no ICU care are from χ^2 test, Fisher's exact test, or Mann-Whitney U test. 2019-nCoV=2019 novel coronavirus. ICU=intensive care unit.

Table 1: **Demographics and baseline characteristics of patients infected with 2019-nCoV**

Adultos de 50 años

Sexo: 60-70% masculinos

Fiebre casi todos 98%

Tos 76%

Mialgias y fatiga 44%

Secreción y esputo 28%

Disnea 55%

www.thelancet.com **Published online January 24, 2020 https://doi.org/10.1016/S0140-6736(20)30183-5**

Principales características de Coronavirus emergentes

	2019-nCoV	MERS-CoV	SARS-CoV
Fecha	2019-12	2012-06	2002-11
Lugar	Wuhan, China	Jeddah, Arabia	Guangdong, China
Edad	49 (21-76)	56 (14-94)	40 (1-91)
Hombre/Mujer	2.7/1	3.3/1	1/1.25
Casos confirmados	4586	2494	8096
Mortalidad	106 (2.3%)	858 (37%)	744 (10%)
Personal de salud	n=16	9.8%	23.1%
Síntomas			
Fiebre	98%	98%	99%
Tos	76%	47%	29-75%
Disnea	55%	72%	40%
Diarrea	3%	26%	25%
Dolor de garganta	0	21%	13-25%
ARM	9.8%	80%	20%

Zhu N, Zang D, Wang W et al - A Novel Coronavirus from Patients with Pneumonia in China, 2019 - N Zhu et al. N Engl J Med. 2020

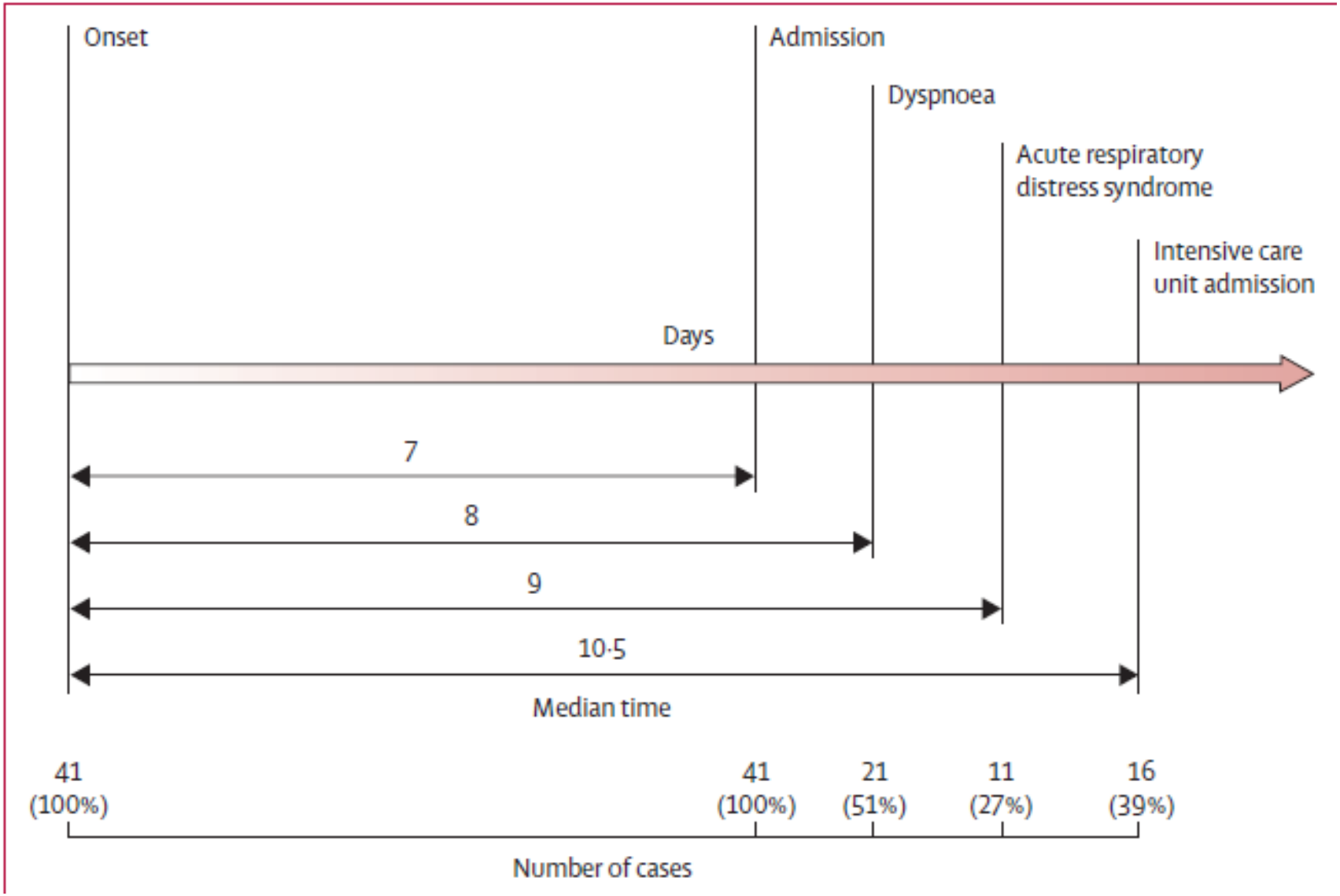


Figure 2: Timeline of 2019-nCoV cases after onset of illness

www.thelancet.com **Published online January 24, 2020 https://doi.org/10.1016/S0140-6736(20)30183-5**

	All patients (n=41)	ICU care (n=13)	No ICU care (n=28)	p value
Duration from illness onset to first admission	7·0 (4·0–8·0)	7·0 (4·0–8·0)	7·0 (4·0–8·5)	0·87
Complications				
Acute respiratory distress syndrome	12 (29%)	11 (85%)	1 (4%)	<0·0001
RNAaemia	6 (15%)	2 (15%)	4 (14%)	0·93
Cycle threshold of RNAaemia	35·1 (34·7–35·1)	35·1 (35·1–35·1)	34·8 (34·1–35·4)	0·3545
Acute cardiac injury*	5 (12%)	4 (31%)	1 (4%)	0·017
Acute kidney injury	3 (7%)	3 (23%)	0	0·027
Secondary infection	4 (10%)	4 (31%)	0	0·0014
Shock	3 (7%)	3 (23%)	0	0·027
Treatment				
Antiviral therapy	38 (93%)	12 (92%)	26 (93%)	0·46
Antibiotic therapy	41 (100%)	13 (100%)	28 (100%)	NA
Use of corticosteroid	9 (22%)	6 (46%)	3 (11%)	0·013
Continuous renal replacement therapy	3 (7%)	3 (23%)	0	0·027
Oxygen support	..	..	..	<0·0001
Nasal cannula	27 (66%)	1 (8%)	26 (93%)	..
Non-invasive ventilation or high-flow nasal cannula	10 (24%)	8 (62%)	2 (7%)	..
Invasive mechanical ventilation	2 (5%)	2 (15%)	0	..
Invasive mechanical ventilation and ECMO	2 (5%)	2 (15%)	0	..
Prognosis	..	..	..	0·014
Hospitalisation	7 (17%)	1 (8%)	6 (21%)	..
Discharge	28 (68%)	7 (54%)	21 (75%)	..
Death	6 (15%)	5 (38%)	1 (4%)	..

Data are median (IQR) or n (%). p values are comparing ICU care and no ICU care. 2019-nCoV=2019 novel coronavirus. ICU=intensive care unit. NA=not applicable. ECMO=extracorporeal membrane oxygenation. *Defined as blood levels of hypersensitive troponin I above the 99th percentile upper reference limit (>28 pg/mL) or new abnormalities shown on electrocardiography and echocardiography.

Table 3: Treatments and outcomes of patients [illegible] 2019-nCoV

Complicaciones Respiratorias 29%

Anemia 15%

Lesión aguda cardíaca 12%

Lesión aguda riñón 10%

Infección secundaria 10%

Shock 7%

Ventilación asistida 5%

www.thelancet.com **Published online January 24, 2020 https://doi.org/10.1016/S0140-6736(20)30183-5**

Novel Coronavirus(2019-nCoV)
Situation Report - 10

Data as reported by 30 January 2020*

World Health Organization

SITUATION IN NUMBERS

Globally
7818 confirmed

China
7736 confirmed
12167 suspected
1370 severe
170 deaths

Outside of China
82 confirmed
18 countries

WHO RISK ASSESSMENT

China	Very High
Regional Level	High
Global Level	High

2019 -nCoV
"2019-nCoV acute respiratory disease"

MEDICIÓN DE GRAVEDAD DE LA INFECCIÓN

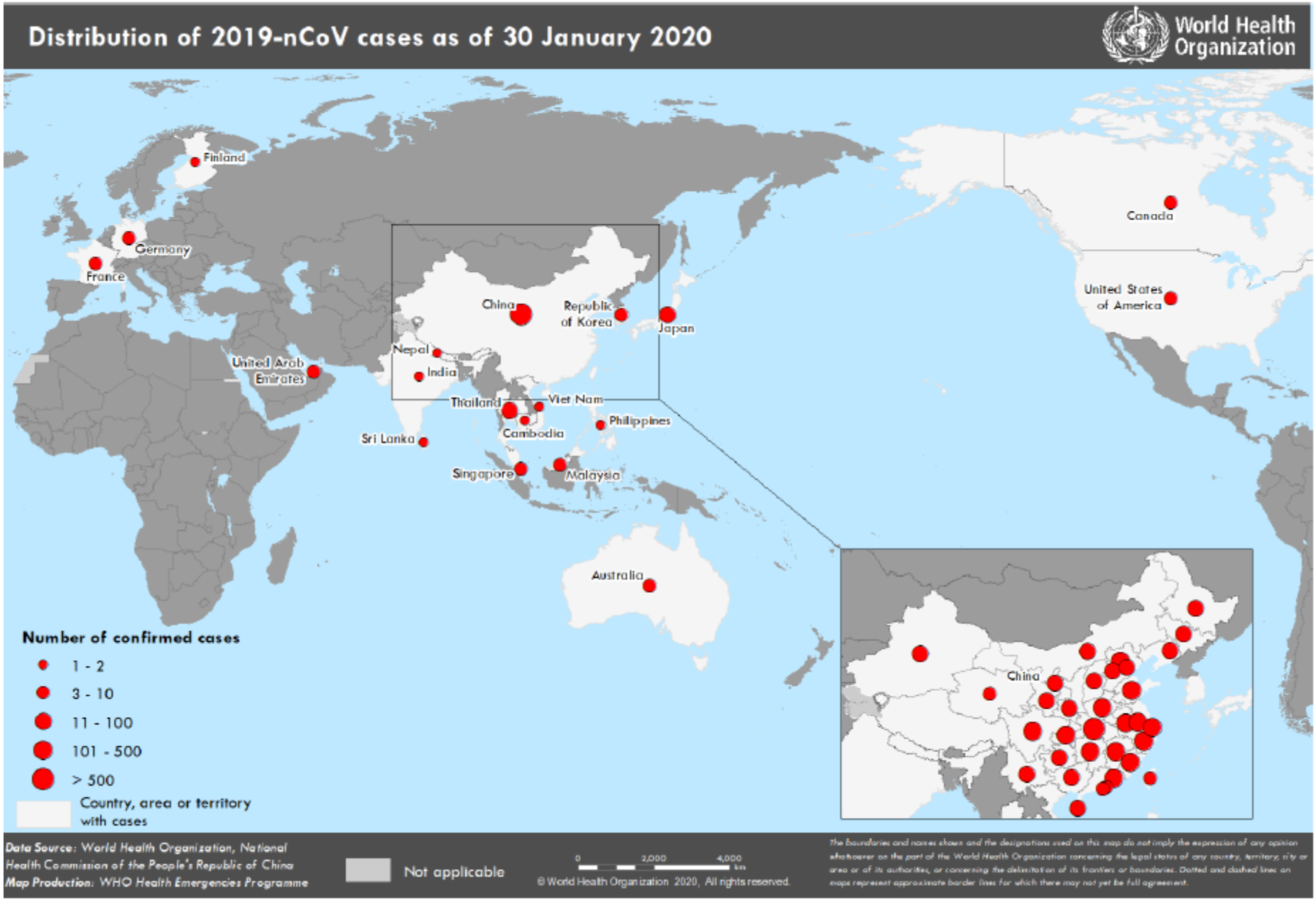
Letalidad confirm. = 170/7.818 = 2,2%

Letalidad (sosp + confirm) = 0,85%

Graves + muertes (confirm.) = 19,7%

Graves + muertos (sosp + confirm) = 7,7%

Figure 1. Countries, territories or areas with reported confirmed cases of 2019-nCoV, 30 January 2020

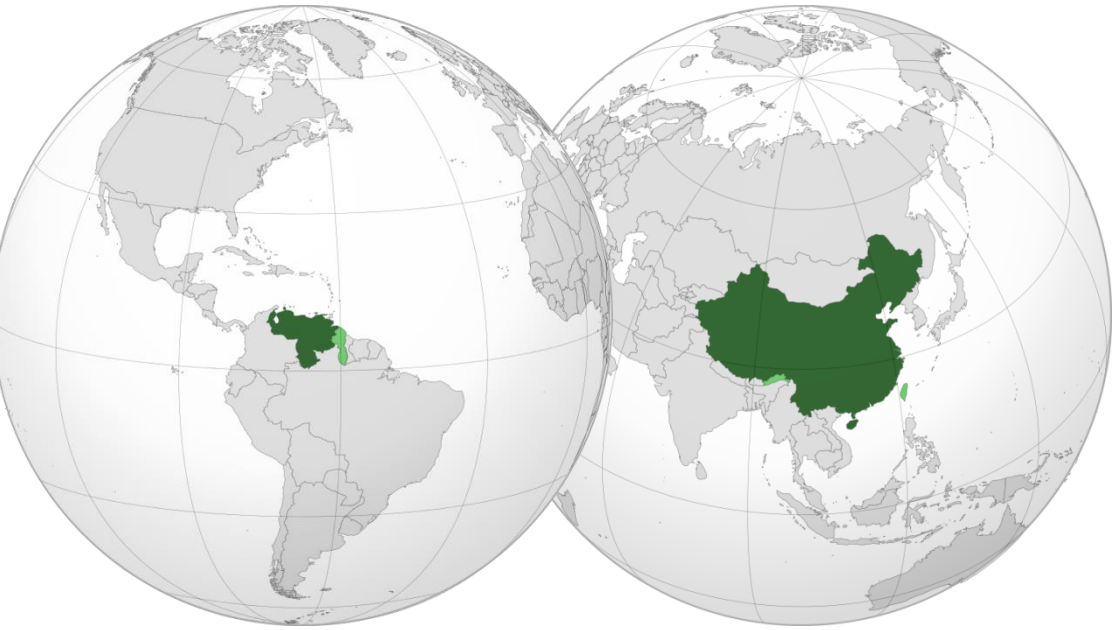


*The situation report includes information reported to WHO Geneva by 10 AM

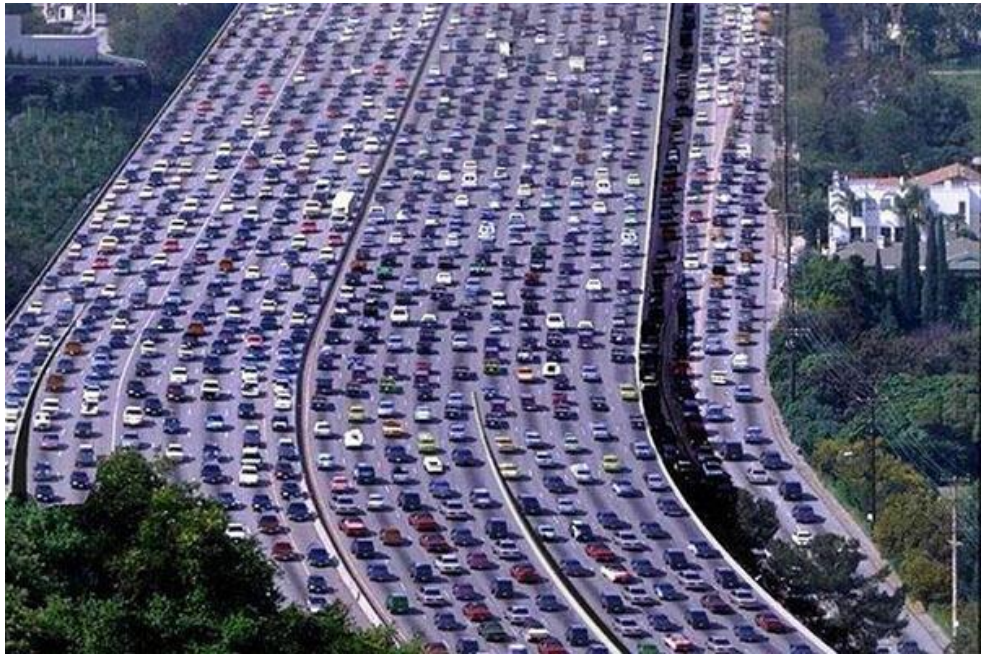
República Popular China

Área: 9 897 961 km²
Población: 1, 343, 239,923 habitantes
Idioma oficial: chino mandarín
Capital: Pekín
Moneda oficial: Yuan chino (CNY)

Casi 11 veces la extensión territorial de Venezuela
45 veces la población de Venezuela



Sistema Nacional de Carreteras Troncales China

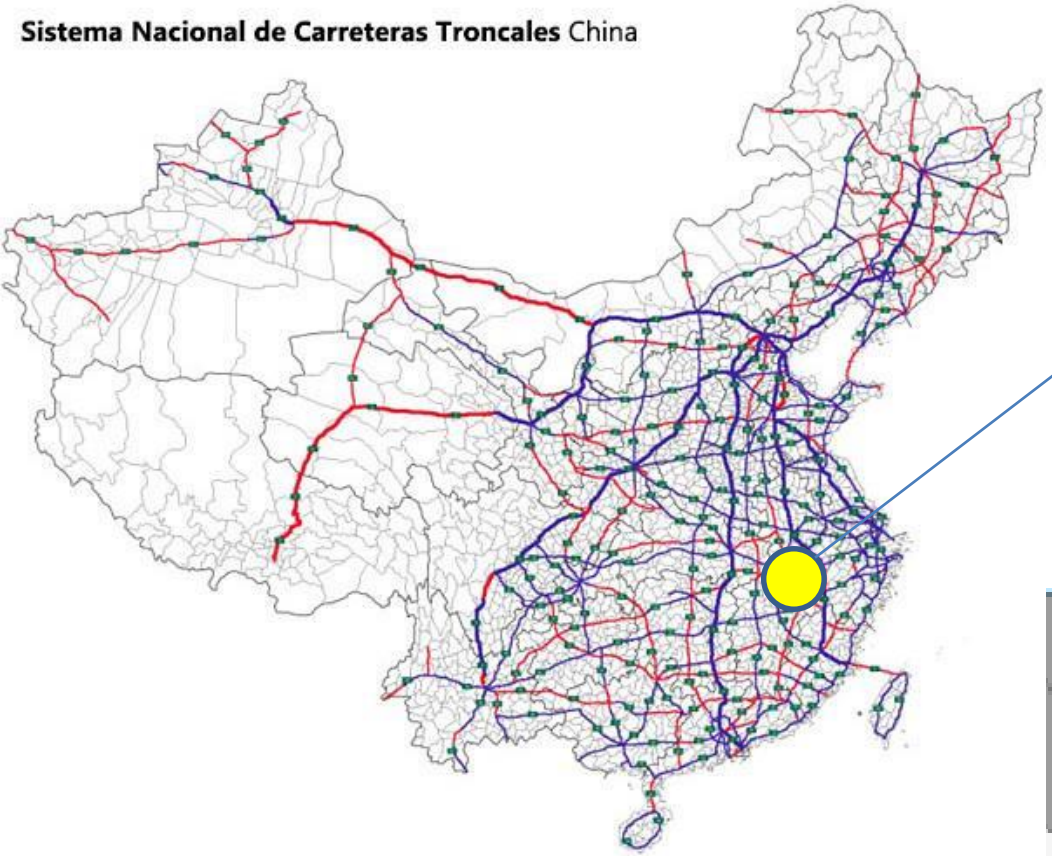


10 CIUDADES MÁS POBLADAS DE CHINA

Shanghai Shanghai 22, 315,426 habitantes
Beijing Beijing 18, 827,069 habitantes
Tianjin Tianjin 11, 090,314 habitantes
Guangzhou Guangdong 11, 070,654 habitantes
Shenzhen Guangdong 10, 357,938 habitantes
Dongguan Guangdong 8, 008,135 habitantes
Chengdu Sichuan 7, 123,697 habitantes
Hong Kong Hong Kong 7, 055,071 habitantes
Nanjing Jiangsu 6, 852,984 habitantes

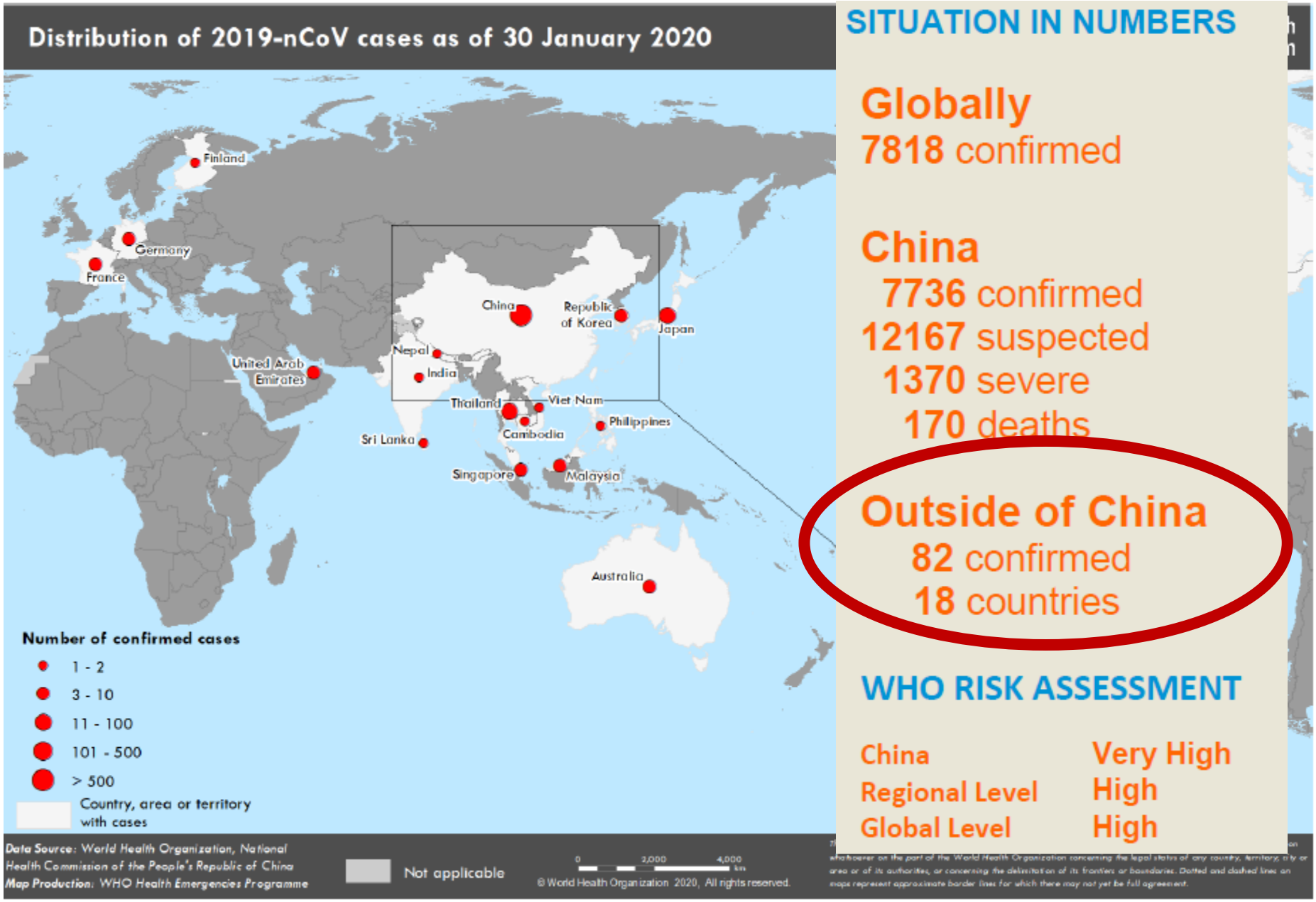
Wuhan Hubei 6, 434,373 habitantes

Sistema Nacional de Carreteras Troncales China



Wuhan

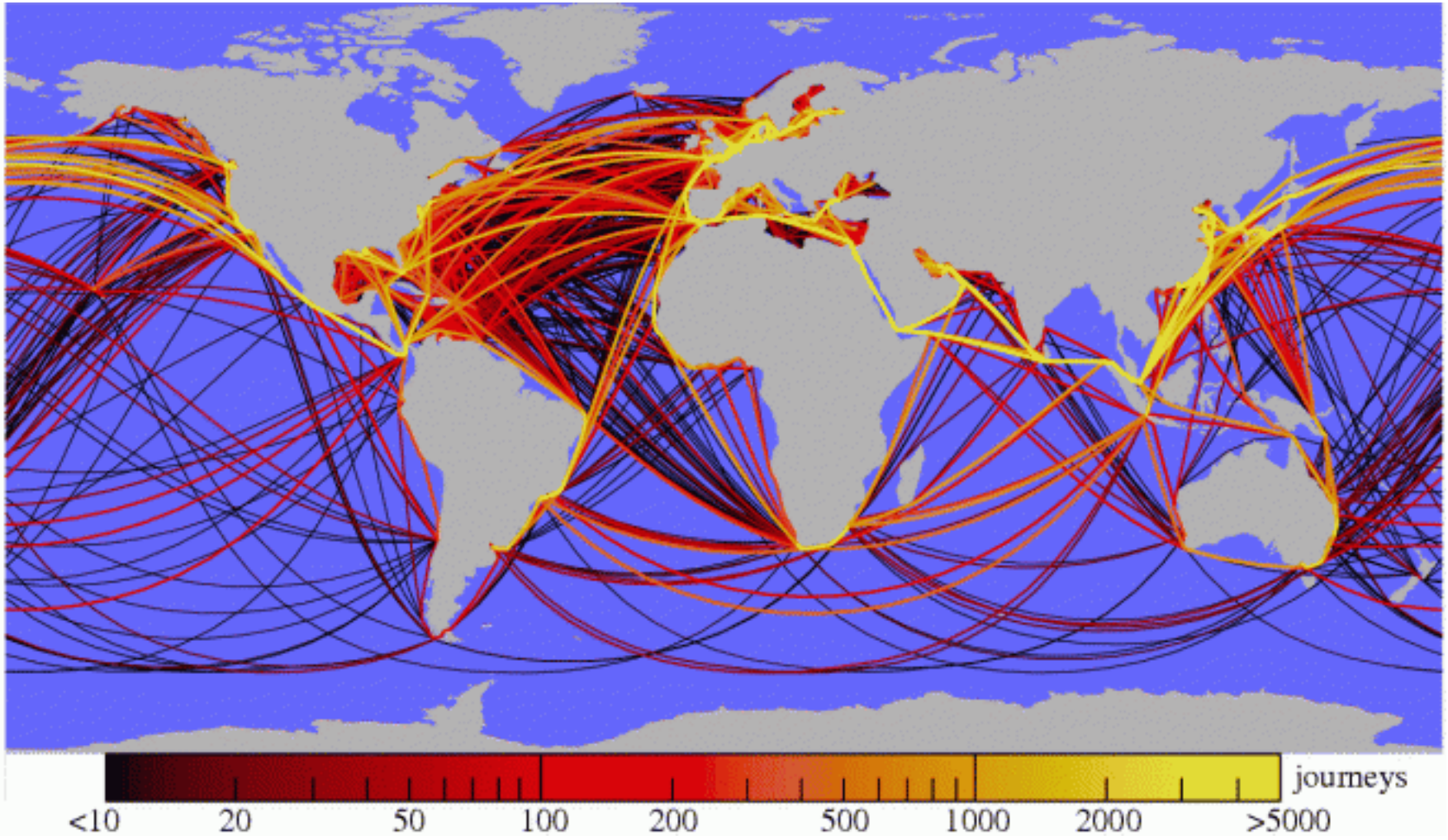
Figure 1. Countries, territories or areas with reported confirmed cases of 2019-nCoV, 30 January 2020



*The situation report includes information reported to WHO Geneva by 10 AM

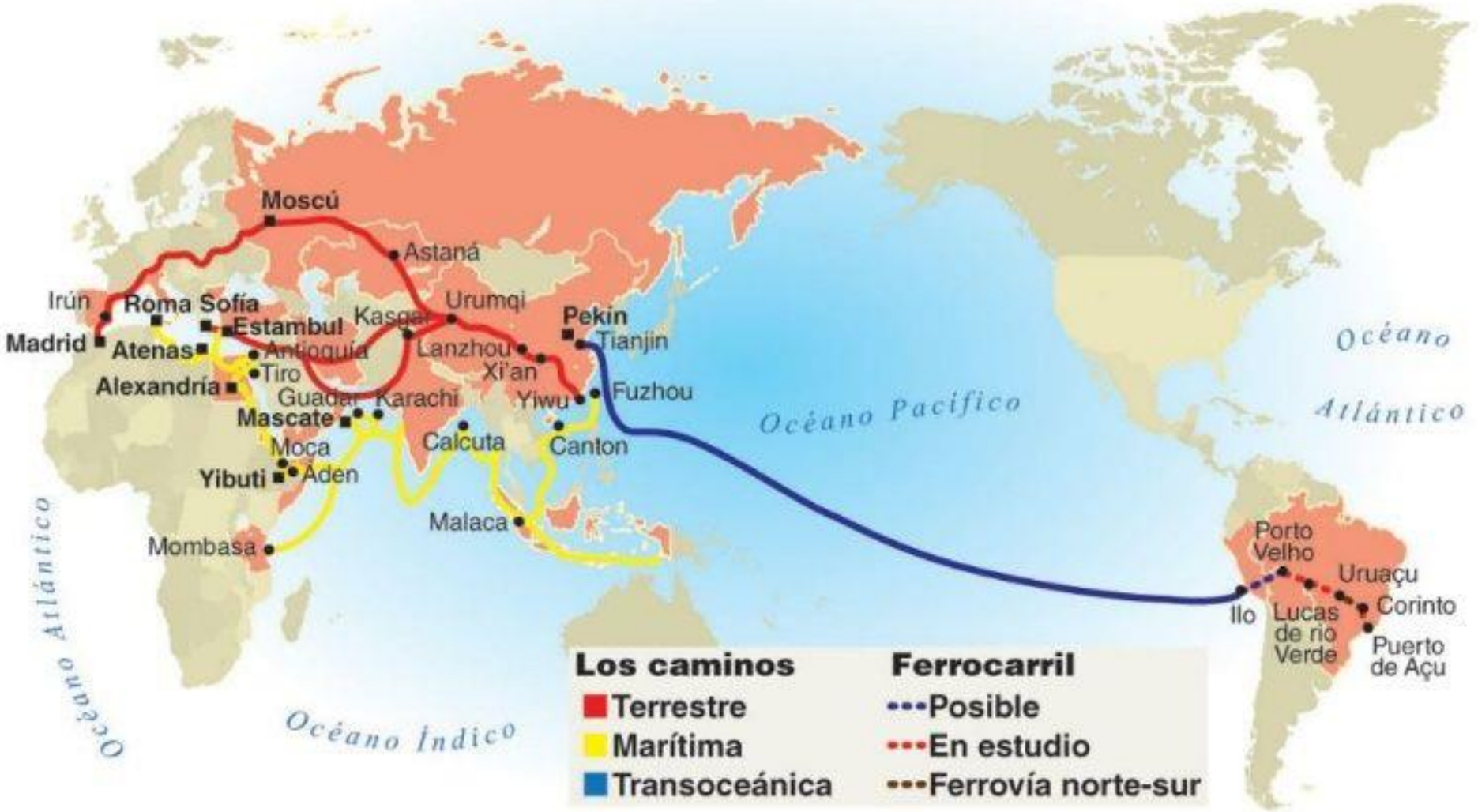
Epidemias en curso 2016: situación Venezuela. Dr. Alejandro Risquez mayo 27 2016

Transporte aéreo: de cargas y personas.



Transporte marítimo: de cargas y personas.

La Ruta de la Seda en el siglo XXI



Fuente: *datos propios*

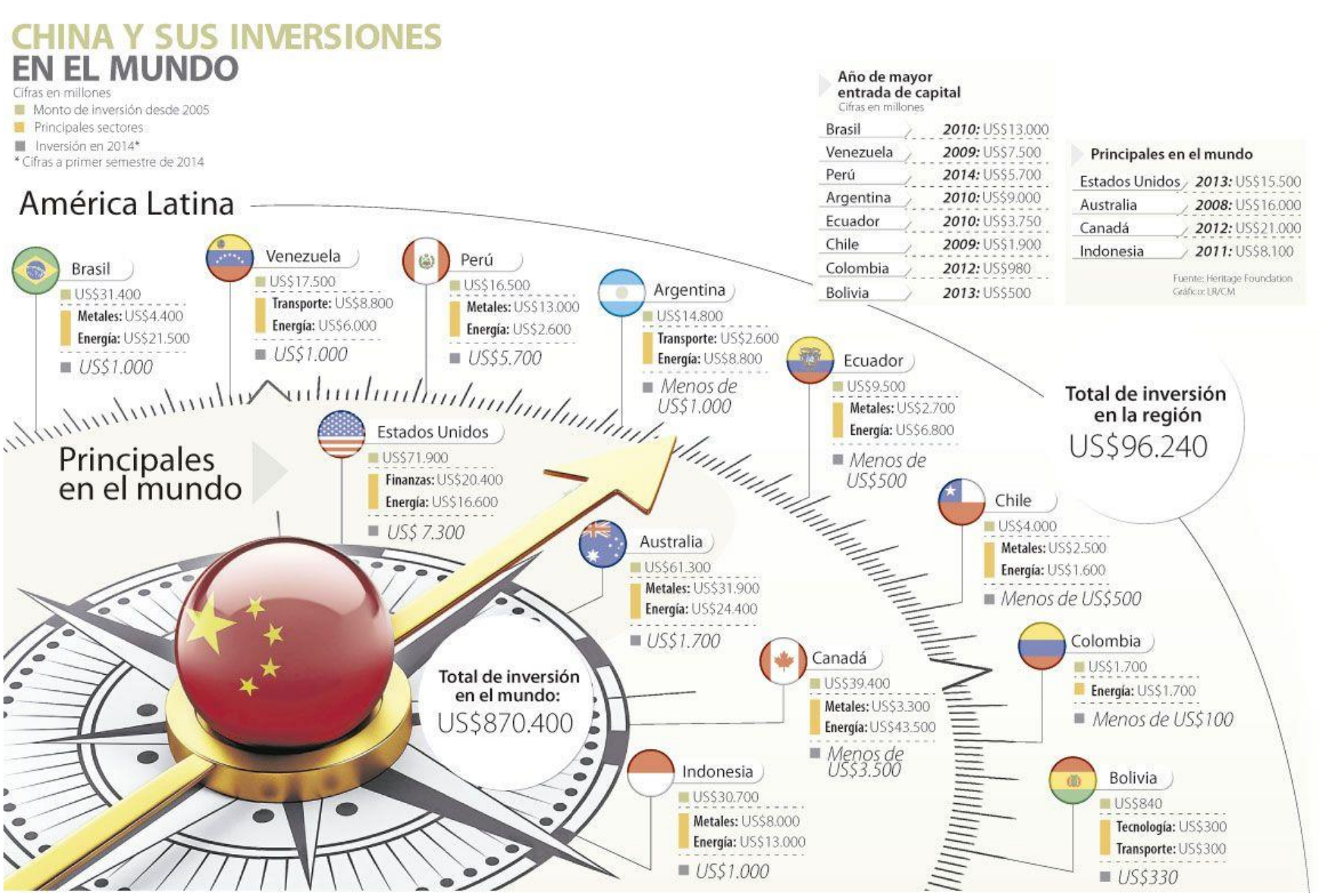
BAE Negocios

https://www.baenegocios.com/suplementos/La-nueva-Ruta-de-la-Seda-la-apuesta-de-China-para-ser-una-superpotencia-20190407-0027.html

CHINA Y SUS INVERSIONES EN EL MUNDO

Cifras en millones
- Monto de inversión desde 2005
- Principales sectores
- Inversión en 2014*

* Cifras a primer semestre de 2014



Año de mayor entrada de capital
Cifras en millones

Brasil	*2010:* US$13.000
Venezuela	*2009:* US$7.500
Perú	*2014:* US$5.700
Argentina	*2010:* US$9.000
Ecuador	*2010:* US$3.750
Chile	*2009:* US$1.900
Colombia	*2012:* US$980
Bolivia	*2013:* US$500

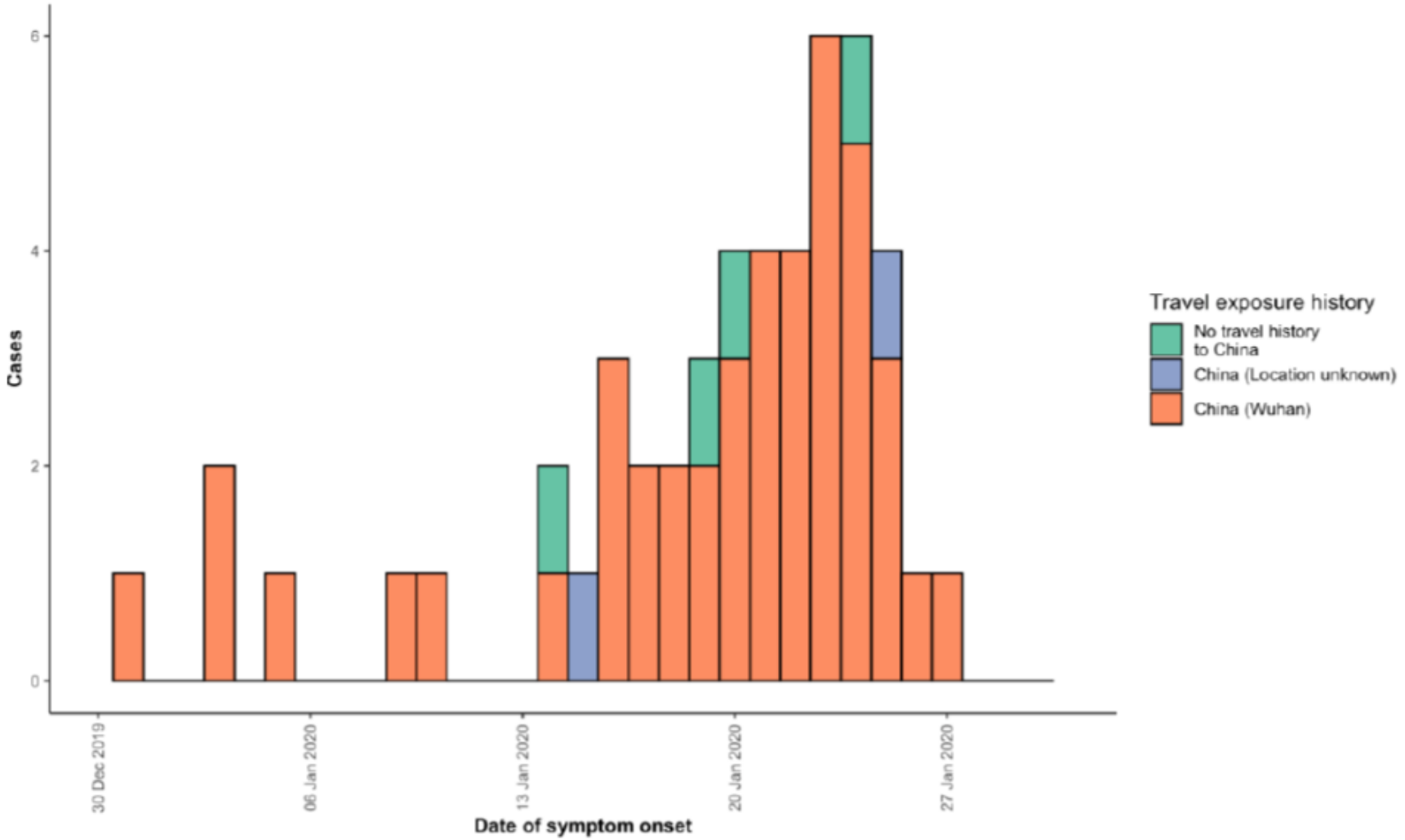
Principales en el mundo

Estados Unidos	*2013:* US$15.500
Australia	*2008:* US$16.000
Canadá	*2012:* US$21.000
Indonesia	*2011:* US$8.100

Fuente: Heritage Foundation
Gráfico: LR/CM

World Health Organization

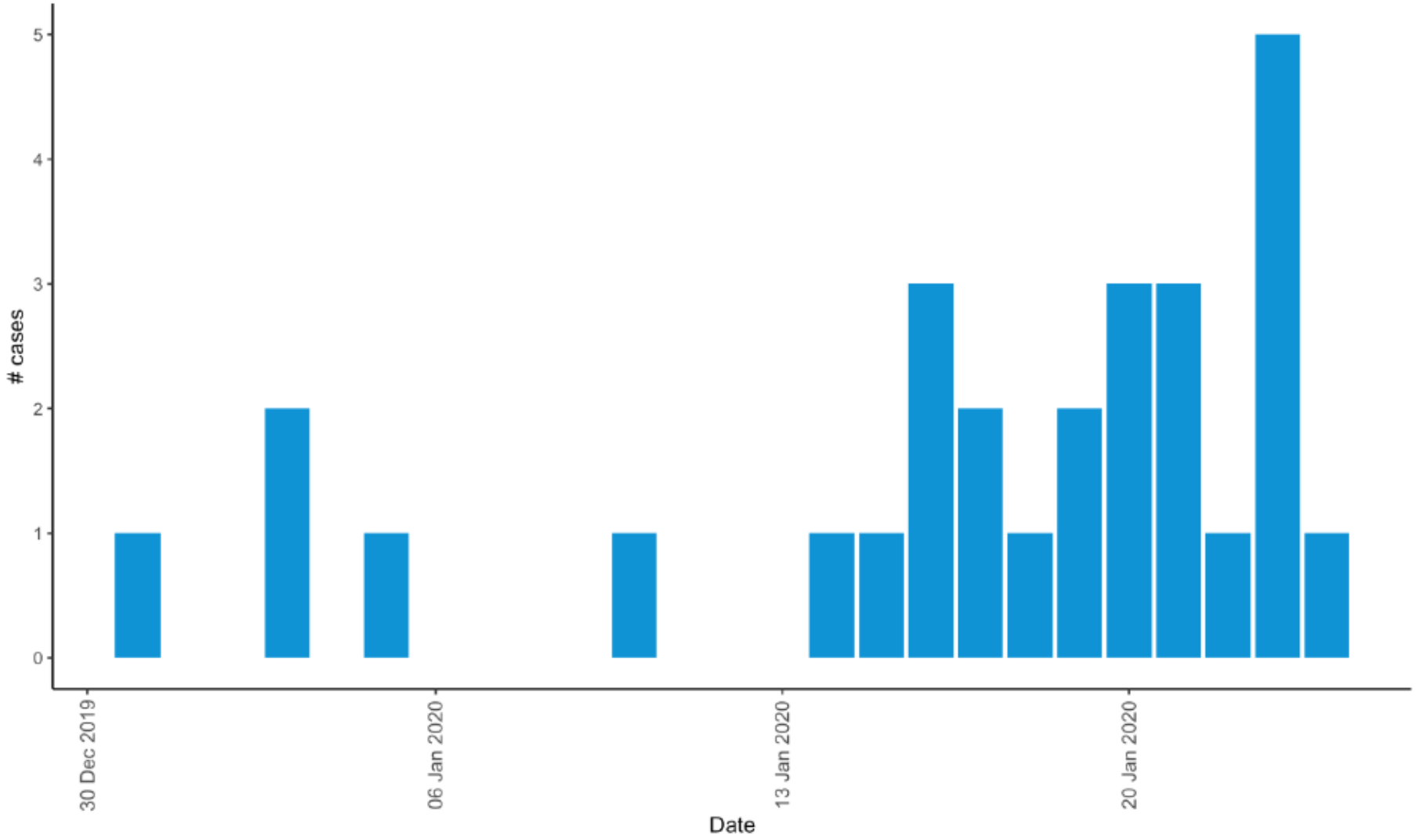
Figure 2: Epidemic curve by date of onset of 2019-nCoV cases identified outside of China, 30 January 2020



Note for figure 2: Of the 82 cases reported outside China, seven were detected while asymptomatic. For the remaining 75 cases, information on date of onset is available only for the 49 cases presented in the epidemiologic curve.

Incubation period of the virus range from 2-10 days

Figure 2: Epidemic curve by date of onset of 2019-nCoV cases identified outside of China, 27 January 2020



Novel Coronavirus(2019-nCoV) . Situation Report – 7. Data as reported by 27 January 2020*

2019 –nCoV -CADENA EPIDEMIOLÓGICA

- Serpientes y murciélagos son reservorios.
- Humanos infectados y enfermos

- Contacto directo con secreciones y líquidos corporales
- Transmisión aérea
- Tos, estornudo, gotitas.
- Alimentos

- Todos, personas debilitadas con patologías crónicas y adultos.

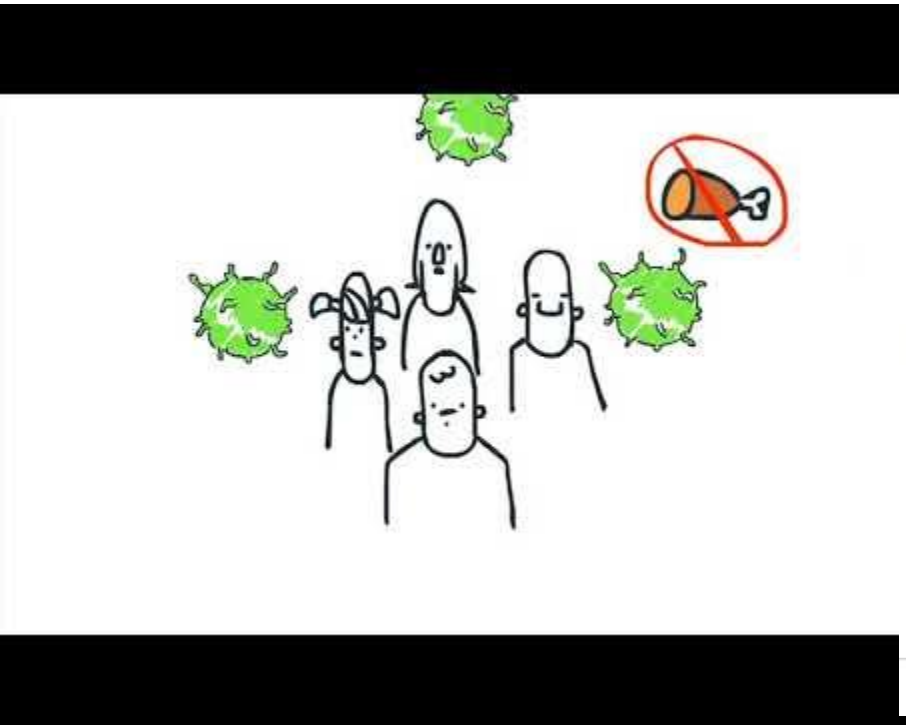
Fuente: Modificado de G. Piédrola.

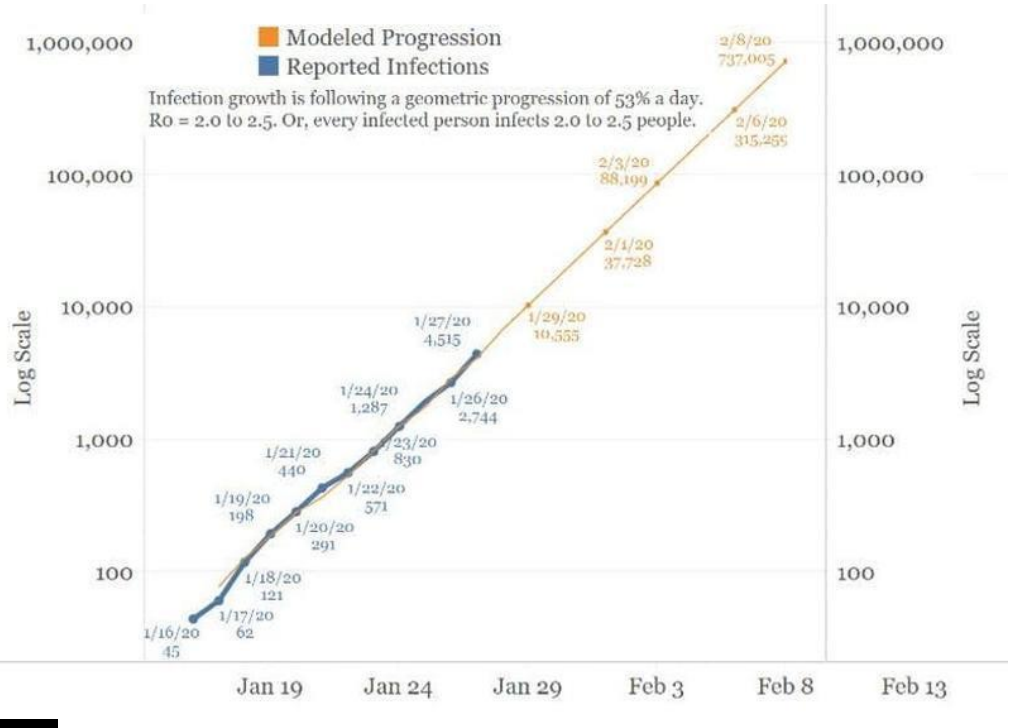
El Ro o número de reproducción

Personas susceptibles

Período de transmisibilidad

Medidas de control





Backgrounds This is the first study to quantify the basic reproduction number, R_0, of 2019-nCoV in the early phase of the outbreak.

Methods Accounting for the impact of the variations in disease reporting rate, we modelled the epidemic curve of 2019-nCoV cases time series, in mainland China from January 10 to January 21, 2020, through the exponential growth.

Findings The early outbreak data largely follows the exponential growth. We estimated that the mean R_0 ranges from 3.30 (95%CI: 2.73-3.96) to 5.47 (95%CI: 4.16-7.10)

Conclusion The mean estimate of R_0 for the 2019-nCoV ranges from 3.30 (95%CI: 2.73-3.96) to 5.47 (95%CI: 4.16-7.10), and significantly larger than 1. **Our findings indicate the potential of 2019-nCoV to cause outbreaks.**

Preliminary estimation of the basic reproduction number of novel coronavirus (2019-nCoV) in China, from 2019 to 2020: A data-driven analysis in the early phase of the outbreak

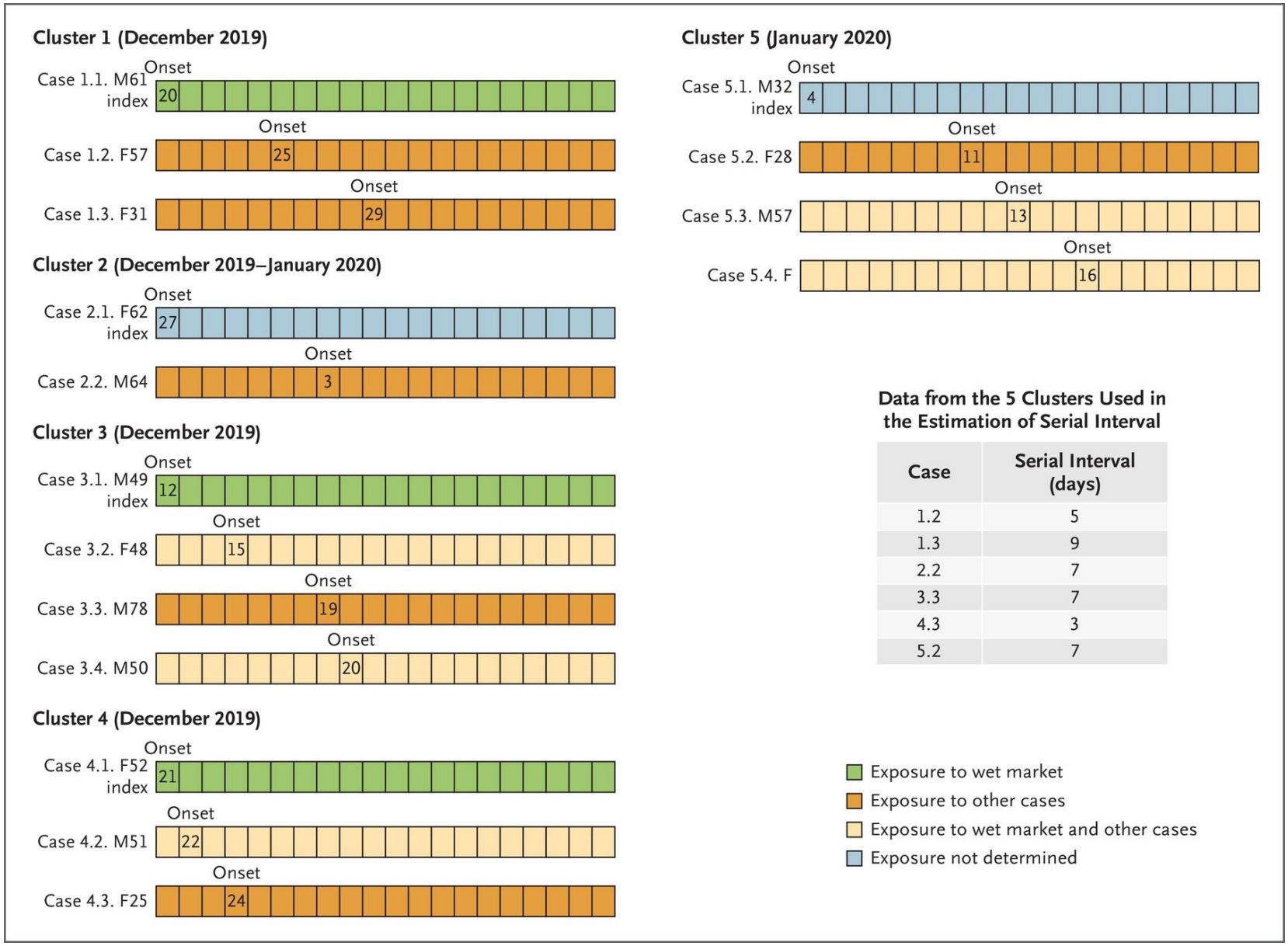
View ORCID ProfileShi Zhao, Jinjun Ran, Salihu
S Musa, Guangpu Yang, Yijun Lou, Daozhou Gao, Lin Yang, View ORCID ProfileDaihai He
doi: https://doi.org/10.1101/2020.01.23.916395

TRANSMISIÓN DIRECTA DE PERSONA A PERSONA

A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster

Jasper Fuk-Woo Chan, Shuofeng Yuan*, Kin-Hang Kok*, Kelvin Kai-Wang To*, Hin Chu*, Jin Yang, Fanfan Xing, Jieling Liu, Cyril Chik-Yan Yip, Rosana Wing-Shan Poon, Hoi-Wah Tsoi, Simon Kam-Fai Lo, Kwok-Hung Chan, Vincent Kwok-Man Poon, Wan-Mui Chan, Jonathan Daniel Ip, Jian-Piao Cai, Vincent Chi-Chung Cheng, Honglin Chen, Christopher Kim-Ming Hui, Kwok-Yung Yuen*

www.thelancet.com **Published online January 24, 2020**
https://doi.org/10.1016/S0140-6736(20)30154-9



Data from the 5 Clusters Used in the Estimation of Serial Interval

Case	Serial Interval (days)
1.2	5
1.3	9
2.2	7
3.3	7
4.3	3
5.2	7

Figure 3. Detailed Information on Exposures and Dates of Illness Onset in Five Clusters Including 16 Cases. Numbers in boxes are calendar dates in December 2019 and January 2020. Data from the 5 secondary cases (patients who had clear exposure to only one index case and had no other potential source of infection) were used to estimate the serial interval distribution. The first four clusters were identified in Wuhan, and the fifth cluster was identified in Huanggang.

Se levantará la muralla china o serán solo unos infiltrados.

CONTENCIÓN CHINA, SE LEVANTÓ EL GIGANTE!!!!!!!!

OBJETIVOS ESTRATEGICOS PARA LA RESPUESTA

Limitar la transmisión humano a humano, reduciendo infecciones secundarias entre los contactos cercanos y los trabajadores de la salud, previniendo eventos para la amplificación de la transmisión y la propagación internacional desde China*.

- Identificar, aislar y tratar a los casos de manera rápida y oportuna.

- Identificar y reducir la transmisión de fuentes animales.

- Examinar los puntos no conocidos u obscuros del espectro de la enfermedad y su severidad, la transmisibilidad de la infección, las opciones terapeúticas, y acelerar el desarrollo de diagnóstico, tratamiento y vacunas.

- Comunicar sobre los riesgos críticos y acontecimientos a las comunitades y luchar contra la desinformación.

- Minimizar el impacto socio-económico a través de alianzas multisectoriales.

Novel Coronavirus(2019-nCoV) . Situation Report – 7. Data as reported by 27 January 2020*

World Health Organization

Medidas de salud pública específicas para evitar la propagación*:

- Temprana y oportuna identificación y cuidados de los casos.
- Identificación y seguimiento de los contactos
- Prevención y control en los establecimientos de salud
- Control de salud de los viajeros
- Concientización de la población
- Comunicación de los riesgos

CONTROL SANITARIO Y DE LOS ALIMENTOS

CONTROL SANITARIO Y DE LOS ALIMENTOS

CUARENTENA

Wuhan, China, and at least 15 other cities have been quarantined as China attempts to halt the spread of the coronavirus. That's about 50 million people on lockdown.

On January 23, authorities put Wuhan under quarantine — halting all public transportation, including city buses, trains, and ferries. The order prevents any buses or trains from coming into or leaving the city and grounds all planes at the Wuhan airport. Wuhan authorities started to limit car travel the next day as well, The Guardian reported.

The city of Huanggang (which is home to around 7.5 million people) also went into lockdown last week, as authorities closed subway and train stations. By the following day, 10 additional cities — Chibi, Enshi, Ezhou, Huangshi, Suizhou, Qianjjiang, Xianning, Xiantao, Yichang, and Zhijiang — had followed suit with their own travel restrictions. As of Monday, the cities of Xiangyang, Jingmen, Xiaogan, and Dangyang were also quarantined.

https://www.businessinsider.com/wuhan-coronavirus-officials-quarantine-entire-city-2020-1

PROTECCIÓN PERSONAL

https://www.businessinsider.com/wuhan-coronavirus-officials-quarantine-entire-city-2020-1

AISLAR LOS ENFERMOS

LAVARSE LAS MANOS

TAPARSE LA BOCA AL ESTORNUDAR O TOSER

USO DE PAÑUELOS DESECHABLES

CONTROLES DE PUERTOS Y AEROPUERTOS INTERNACIONAL

Public-health officials run thermal scans in Bangkok, Thailand. Lauren DeCicca/Getty

https://www.businessinsider.com/wuhan-coronavirus-officials-quarantine-entire-city-2020-1

CONTROLES DE PUERTOS Y AEROPUERTOS INTERNACIONAL

https://actualidad.rt.com/actualidad/341278-coronavirus-infectar-distancia-dos-metros-ojos

PREPARACIÓN Y PROTECCIÓN DEL PERSONAL DE SALUD

Hospital staff wash the emergency entrance of Wuhan Medical Treatment Center, where some infected with a new virus are being treated, in Wuhan, China, Wednesday, Jan. 22, 2020. AP Photo/Dake Kang

https://www.businessinsider.com/video-inside-chinese-hospital-treating-wuhan-virus-coronavirus-2020-1

CONSTRUCCIÓN DE HOSPITALES

Preparación de Venezuela ante el 2019 nCV

Gobierno pidió tomar precaución ante el coronavirus

El Ministerio para la Salud activó sistema de vigilancia epidemiológica

EL UNIVERSAL 29/01/2020 05:30 am

FMV alerta: Venezuela no está preparada para afrontar crisis por el coronavirus

"De entrar esta patología al país los médicos venezolanos una vez más, se dispondrán a enfrentar una (otra) crisis epidemiológica con éste nuevo virus, sin disponer de los insumos médicos para atender a los pacientes ni a nosotros mismos", dice el comunicado de la FMV

28 de enero de 2020

https://www.el-carabobeno.com/fmv-alerta-venezuela-no-esta-preparada-para-afrontar-crisis-por-el-coronavirus/

Cruz Roja: Venezuela no está preparada para atender eventuales casos de coronavirus

Mario Villarroel, presidente de la Cruz Roja venezolana, indicó que el Ministerio de Salud es el organismo con atribuciones para tomar medidas ante la epidemia china del coronavirus. "La Cruz Roja solo puede apoyar", dijo

Por **El Nacional** enero 30, 2020

¿Qué pasaría si el Coronavirus llega a Venezuela? Médicos responden

enero 30 2020

https://www.lapatilla.com/2020/01/30/que-pasaria-si-el-coronavirus-llega-a-venezuela-medicos-responden/

"This is the time for science, not rumors"
"Este es el tiempo de la ciencia, no de los rumores"

"This is the time para la solidaridad, no el estigma"
"Este es el tiempo de la so
del estigma"

Director general Tedros Adhanom. OMS

Al salir de la reunión después de la declaración del coronavirus una emergencia de salud pública de preocupación internacional 30 de enero de 2020

Departamento Medicina Preventiva y Social
Escuela Luis Razetti, Facultad de Medicina, UCV

Agradecido por la invitación, muchas gracias!

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